2022 CAQH Index™
Survey Instructions – Medical Plans
Number of Transactions and Costs per Transaction

Table of Contents

INTRODUCTION 3

TRANSACTIONS STUDIED IN THE 2022 CAQH INDEX 3

DATA COLLECTED 4

Time Frame 4

Modes 4

Cost to Conduct 4

Supplemental Questions 4

2022 INDEX ADVISORY COUNCIL 5

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INTRODUCTION

These instructions accompany the 2022 Index Data Collection Tool for medical plans. The Index collects data for numbers of transactions by line of business and costs per transaction, by manual, electronic and partially electronic completion, for calendar year 2021. This document contains useful definitions related to the transactions, data to be submitted and the mode in which the transaction was conducted.

Please submit your data by August 31, 2022.

Please contact explorations@caqh.org with any questions or comments related to the data submission process.

TRANSACTIONS STUDIED IN THE 2022 CAQH INDEX

Data is collected on the following administrative healthcare transactions. For reference purposes, we included the HIPAA standard related to the transaction along with a description of the transaction.

	Adopted HIPAA Standard	Description
Claim Submission	ASC X12N 837	A request to obtain payment or transmission of encounter information for the purpose of reporting health care.
Eligibility and Benefit Verification	ASC X12N 270/271	An inquiry from a provider to a health plan, or from one health plan to another, to obtain eligibility, coverage, or benefits associated with the health or benefit plan, and a response from the health plan to a provider. Does not include referrals.
Prior Authorization/Pre-Determination	ASC X12N 278	A request from a provider to a health plan to obtain authorization for health care services, or a response from a health plan for an authorization. Does not include referrals.
Claim Status Inquiry	ASC X12N 276/277	An inquiry from a provider to a health plan to determine the status of a health care claim or a response from the health plan.
Claim Payment	NACHA Corporate Credit or Deposit Entry with Addenda Record (CCD+)	An electronic funds transfer (EFT) from a health plan's bank to a provider's bank; including payment and data specific to the payment.
Claim Remittance Advice	ASC X12N 835	The transmission of explanation of benefits or remittance advice from a health plan to a provider.
Attachments	Includes 275, C-CDA	Additional information submitted with claims for payment, claim appeals, or prior authorization, such as medical records to support the claim or medical records to explain the need for a procedure or service.
Attachments (under VBP)		Medical information or quality measure documents that are submitted with payment under value-based arrangements.
Coordination of Benefits (COB) Claims	ASC X12N 837	Claims that are sent to secondary payers with explanation of payment information from the primary payer to determine remaining payment responsibilities.
Acknowledgements	ASC X12N 277CA and 999	A health plan's response to a provider or provider's clearinghouse that they received information from the provider or clearinghouse; or confirmation received by a provider that the information shared with a health plan has been rejected or accepted.

DATA COLLECTED

For the 2022 CAQH Index **please report data for** medical, surgical, dental, vision, and behavioral health benefits, for commercial coverage, (self-funded and fully insured), Medicare Advantage and cost plans, Medigap, Medicaid HMO, risk, capitated plans, TRICare, federal employees plans, etc. Please categorize the data accordingly.

Do NOT include data for Medicare fee-for-service programs (fiscal intermediaries and carriers), state-run Medicaid FFS plans, and retail prescription drug card or pharmacy transactions.

Note that **cost data should only include** the time it takes to complete the transaction not any pre- or follow-up work.

Time Frame

All measures for numbers of transactions in the 2022 Index data submission are based on data from **January 1, 2021 through December 31, 2021**. If for any reason the data are not for the full calendar year, please contact CAQH so that we can adjust the aggregation approach.

Modes

Transaction volume and costs are reported by three modes (where applicable):

- Electronic (Transactions conducted using EDI, HIPAA Standard)
- Partial (Transactions conducted using web portals, IVR, direct messaging)
- Manual (Transactions conducted via phone, paper, fax, mail)

Cost to Conduct

When reporting on costs associated with conducting a transaction, please **include the fully loaded costs** (including overhead, benefits, etc.) per transaction for conducting the transaction manually, electronically and via web portals or IVR.

Please only include the labor time required to conduct the transaction **NOT** time and cost associated with gathering information for the transaction or follow-up. Also, **do not include** system costs.

Supplemental Questions

To provide additional insights to the industry, supplemental questions are often included in the survey. Questions are related to relevant and pressing topics within the healthcare industry. Please answer the questions to the best of your ability.

2022 CAQH INDEX ADVISORY COUNCIL

Below please find a list of the 2022 CAQH Index Advisory Council members.

Advisory Council Member	Organization
Amy Neves	Aetna
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